

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
EMPLOYEE GROUP LIFE INSURANCE

PAYROLL ACCOUNT NUMER	SOCIAL SECURITY NUMBER	EMPLOYEE NAME	HIRE DATE
-----------------------	------------------------	---------------	-----------

COVERAGE
(Check one)

PRE-TAX
(Check one)

Basic Life Insurance Only

YES

Basic *and* Optional Life Insurance

NO

OR

Waive/Cancel Basic Coverage

New Hire

Cancel Optional Coverage

Open Enrollment

Other _____

I request the State of Rhode Island to arrange for the issuance or cancellation of the group life insurance as I have indicated. I hereby authorize the State of Rhode Island to reduce my salary for the payment of applicable premiums. **If pre-tax is selected, no changes may be made in my selection until the next open enrollment** or unless there is a change in family status such as marriage, divorce, death of spouse or child, birth or adoption of child, termination of employment of employee or spouse or a change in the employment status of the employee or spouse. Further information may be obtained from the Office of State Employee Benefits (222-3160).

The premiums for the first \$50,000 in group life benefits will automatically be pre-taxed unless stated otherwise above.

EMPLOYEE SIGNATURE

DATE

ROUTING: ENROLLMENT APPLICATION - STATE PAYROLL